



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Bureau of Weights and Measures  
 P.O. Box 7837, Madison, WI 53707-7837  
 (608) 224-4942

Wis. Admin. Code §ATCP 93.680

**FOR OFFICE USE ONLY**

Transaction #:

☐ Copy to Owner

☐ Copy of Inspector

☐ Copy to Permit

# STORAGE TANK ALTERNATIVE FUEL INSTALLATION / CONVERSION APPLICATION

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) Wis. Stats.).

**INSTRUCTIONS:** Use one form for each tank system. Part I of this form is to be submitted to the Dept of Agriculture, Trade and Consumer Protection along with the plan submittal for new installations, or submitted independently 30 days prior to conversions of existing systems from conventional motor fuels to blends greater than 10% ethanol or for biodiesel blends greater than B5. For existing tank systems, Part I of this form shall be completed and submitted for approval, prior to the conversion, to the address above. Part II shall be given by the contractor to the owner/operator for completion, prior to system operation, and retained on-site for Dept of Agriculture, Trade and Consumer Protection Inspector review. Use one form for each tank system. **Note:** Interior lined tanks will not be approved for alternative fuel storage.

Part 1									
OWNER INFORMATION									
CUSTOMER NAME:					CUTOMER ID#:				
COMPANY NAME:				TELEPHONE: (   )   -		EMAIL:			
SITE STREET ADDRESS (not PO Box)				<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN			STATE		ZIP
PROJECT INFORMATION									
FACILITY NAME:				FACILITY ID#:			SITE ID#:		
SITE STREET ADDRESS (not PO Box)				<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN			STATE		ZIP
FIRE DEPT. PROVIDING FIRE COVERAGE:							FDID#:		
CONTRACTOR INFORMATION									
CONTRACTOR NAME:				CUSTOMER ID#:			CONTACT PERSON:		
SITE STREET ADDRESS (not PO Box)				<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN			STATE		ZIP
TELEPHONE: (   )   -		CELL: (   )   -		EMAIL:					
TANK INFORMATION									
Tank Orientation: <input type="checkbox"/> Underground <input type="checkbox"/> Aboveground <input type="checkbox"/> New Tank <input type="checkbox"/> Existing Tank   →   Date Installed: _____   Tank ID #: _____									
Tank leak detection method: <input type="checkbox"/> Automatic tank gauging <input type="checkbox"/> Inventory control and tightness testing <input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) <input type="checkbox"/> Visual (Aboveground storage tank only)									
Component:	Existing Manufacturer	Existing Model/Brand	New Equip. Manufacturer	New Equip. Model/Brand	UL Listed or Verified by Manufacturer for Fuel to be Stored				
Note: Write "HC" and the treatment material if a hard-coat treatment is used to achieve compatibility.									
Tank construction material					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown		
Spill bucket					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown		
Overfill / Auto shut-off / Ball float					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown		
Drop tube					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown		
STP/Suction pump					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown		
Leak detection probes					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown		
Sump monitoring sensors					<input type="checkbox"/> Material Approval				

<b>PIPE INFORMATION</b>		<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Mixed (New/Existing)	Existing Pipe Install Date		
Configuration	<input type="checkbox"/> Single wall	<input type="checkbox"/> Double wall	Type: <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Other:				
Sumps	<input type="checkbox"/> Submersible <input type="checkbox"/> Pipe connections						
Pipe fitting/valve material					<input type="checkbox"/> Listed (N/E)	<input type="checkbox"/> Verified (N/E)	<input type="checkbox"/> Link (N/E)
Gaskets/seals					<input type="checkbox"/> Listed (N/E)	<input type="checkbox"/> Verified (N/E)	<input type="checkbox"/> Link (N/E)
Pipe sealant/adhesive					<input type="checkbox"/> Listed (N/E)	<input type="checkbox"/> Verified (N/E)	<input type="checkbox"/> Link (N/E)
Flex connector					<input type="checkbox"/> Listed (N/E)	<input type="checkbox"/> Verified (N/E)	<input type="checkbox"/> Link (N/E)
Line leak detector					<input type="checkbox"/> Listed (N/E)	<input type="checkbox"/> Verified (N/E)	<input type="checkbox"/> Link (N/E)
Flow restrictor					<input type="checkbox"/> Listed (N/E)	<input type="checkbox"/> Verified (N/E)	<input type="checkbox"/> Link (N/E)

<b>DISPENSER INFORMATION</b>							
Dispenser Listed:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dedicated E85 Hose: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Blending dispenser:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Containment sump under dispenser: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dispenser piping					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown
Dispenser Sump					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown
Dispenser sump sensor					<input type="checkbox"/> Material approval		
Gaskets/seals					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown
Blending valve					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown
Check valve					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown
Meter					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown
Emergency valve					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown
Fuel filters					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown
Break-away device					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown
Nozzle(s)/Swivel(s)					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown
Hose(s)					<input type="checkbox"/> Listed	<input type="checkbox"/> Verified	<input type="checkbox"/> Unknown

<b>COMMENTS:</b>
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<b>FEES:</b> (Fee table on next page)	<b>Plan Review</b>	<b>Inspection</b>	<b>Total</b>
Alternative Fuel Conversion Fee	\$ (7636)	\$ (8253)	\$

I certify by signature that I have personally examined and/or am familiar with the information submitted to verify system alternative fuel compatibility, and the information is true, accurate, and complete.

CONTRACTOR SIGNATURE:	DATE SIGNED
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**STORAGE TANK ALTERNATIVE FUEL INSTALLATION / CONVERSION APPLICATION****Part 2****Responsibilities of Tank Owner/Operator Before Blends of Greater than 10% Ethanol or 5% Biodiesel is Transferred to the Tank**

- ☐ Determine equipment compatibility - Part 1 of this form.
- ☐ Inform the facility's UST insurance carrier of plans to convert to a gasoline-ethanol blend exceeding 10% ethanol or biodiesel exceeding 5%. The UST insurance carrier may have additional requirements other than what Dept of Agriculture, Trade and Consumer Protection (DATCP) or ATCP 93 requires.
- ☐ Submit to DATCP a certificate of insurance indicating UST coverage for the ethanol or biodiesel blend stored.
- ☐ Check for water in the tank. No level of water is acceptable for gasoline-ethanol blended fuels.
- ☐ All visible fittings and connections at the top of the tank are tight (no vapors escape and no water enters).
- ☐ Sump and spill containment covers secured to prevent water from entering.
- ☐ Water infiltration problems fixed if necessary.
- ☐ The tank has been cleaned of all water and sediment in accordance with API standard 2015-01.

COMPANY NAME PROVIDING SERVICE:

TELEPHONE:

( ) -

ADDRESS:

CITY:

STATE ZIP

- ☐ How/where is waste and rinsate being disposed of: \_\_\_\_\_
- ☐ Fill labeling - Identify fill port and paint access cover according to API RP 1637.
- ☐ Dispenser labeling – label dispenser in compliance with ATCP 94.

**First Delivery**

- ☐ Tank filled to 80 percent capacity (recommended by the Renewable Fuels Association or RFA) and kept as full as possible for 7 to 10 days.
- ☐ Conduct a precision test of the tank system (0.1 gph leak rate) with ATG system within seven days after tank is filled to make sure system is tight and leak detection equipment is operating properly. Report any "Fail" results to DATCP Field Operations Inspector and the department.
- ☐ Test for water (use alcohol compatible paste if you stick your tanks) at the beginning of each shift for the first 48 hours after delivery (RFA). If there is water in the tank, remove it, find out how it got there and fix it so it doesn't occur again.
- ☐ Have dispenser calibrated prior to any retail sales.

**Pre-Operational**

- ☐ Notify DATCP Field Operations Inspector to schedule a pre-operational inspection as required by ATCP 93.680(4)(c).
- ☐ Draw Sample and inspect that the finished fuel is visually free of undissolved water, sediment, and suspended matter; it shall be clear and bright at the ambient temperature or 21 °C (70 °F), whichever is higher. Diesel fuel shall be visually free of undissolved water, sediment, and suspended matter.
- ☐ Submit Tank Registration Form TR-WM-137 or TR-WM-118 along with a completed copy of TR-WM-132 Application Form and a copy of the pre-operational inspection report from DATCP Inspector.

TANK OWNER SIGNATURE:

COMPANY

*(Note: By signing, signer is acknowledging that all the above preparatory items have been conducted.)*

PRINT TANK OWNER NAME:

TITLE

DATE SIGNED

**Failure to submit this form with all items completed will result in the tank and dispenser being subject to red-tagging and shutdown. A tank with any "unknowns" will not be approved unless a statement is included from the contractor or professional engineer that states the system is acceptable for service with alternative fuels.**

Fee Submittal	Plan Review Fee	Installation Inspection Fee	Plan Revision Fee	Re-inspection Fee
When submitted independent of a broader plan submittal application	\$35	\$100	\$100	\$100